114.3 CMR 10.00: ADULT DAY HEALTH SERVICES

Section

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10.01: General Provisions

(1) Scope, Purpose and Effective Date. 114.3 CMR 10.00 shall govern the determination of rates of payment to be used by all governmental units for adult day health services provided to publicly aided patients. 114.3 CMR 10.00 shall be effective May 1, 2005. The rates set forth in this regulation also apply to individuals covered by the Workers' Compensation Act, M.G.L.c.152 as most recently amended by St. 1985, c. 572.

(2) Disclaimer of Authorization of Services.114.3 CMR 10.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 114.3 CMR 10.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly-aided clients.

(3) Coverage. 114.3 CMR 10.00 and the rates of payment contained herein shall apply to adult day health services provided by eligible providers to publicly-aided and patients in a day setting, where:

(a) a recipient's medical condition indicates a need for nursing care, supervision or a need for therapeutic services that alone or in combination would require institutional placement; or

(b) a recipient's psycho-social condition is such that without program intervention the recipient's medical condition would continue to deteriorate or is such that institutional placement is imminent. The rates of payment contained in 114.3 CMR 10.00 are full compensation for adult day health services as well as for any related administrative or supervisory duties rendered in connection with the provision of adult day health services.

(4) Exclusions. 114.3 CMR 10.00 and the rates of payment contained herein shall not apply to the following circumstances and services:

(a) specialized day programs primarily for the developmentally disabled, blind, deaf, or acutely mentally ill;

(b) adult day health programs operating out of state;

(c) physician services reimbursable on a fee for service basis under 114.3 CMR 16.00 and 114.3 CMR 17.00 (formerly 14 CHSR 406 and 407);

(d) restorative therapy services reimbursable on a fee for service basis under 114.3 CMR 39.00 (formerly 14 CHSR 411);
(e) transportation costs incurred by the eligible provider to and from the adult day health center shall not be included in the per diem rate;
(f) services and costs reimbursed under other regulations promulgated by the Division of Health Care Finance and Policy.

(5) Authority. 114.3 CMR 10.00 is adopted pursuant to M.G.L.c.118G.

(6) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. The publication of such updates and corrections will list: 1) codes for which the code numbers only changed, with the corresponding cross-walk; 2) codes for which the code remains the same but the description has changed; 3) deleted codes for which there is no cross-walk; 4) for entirely new codes that require new pricing, the Division will list these codes and apply individual consideration in reimbursing for these new codes until appropriate rates can be developed.

10.02: General Definitions

As used in 114.3 CMR 10.00, terms will have the meaning set forth in 114.3 CMR 10.02

Adult Day Health Services. Programs approved by the Office of Medicaid under 106 CMR 404.000 and that provide for adult recipients an alternative to 24 hour long-term institutional care through an organized program of health care and supervision, restorative services and socialization.

Adult. Any person aged 16 or over.

Basic Level of Care. The level of care for publicly-aided clients receiving Adult Day Health services as defined in the Office of Medicaid's Regulation 130 CMR 404.414(A)(1).

Complex Level of Care. The level of care for publicly-aided clients receiving Adult Day Health services as defined in the Office of Medicaid's Regulation 130 CMR 404.414(A)(2).

Day Setting. Any single physical facility open at least Monday through Friday for eight hours per day that has been reviewed and approved by the Office of Medicaid and other proper authorities for the operation of adult day health services program.

Eligible Provider. Any person, partnership, corporation, or other entity that is authorized in the Commonwealth of Massachusetts to engage in the business of furnishing Adult Day Health Services to the public and who also meets such conditions of participation as may be adopted by a governmental unit.

Governmental Unit. The Commonwealth, any department, agency, Board or commission of the Commonwealth and any political subdivision of the Commonwealth.

Health Promotion and Prevention Rate. The rate for publicly-aided clients enrolled in Adult Day Health services as defined in the Office of Medicaid's Regulation 130 CMR 404.414 (D).

Publicly-Aided Individual. A person for whose medical and other services a governmental unit is in whole or part liable under a statutory program.

Restorative Services. Indirect services, including but not limited to, case conferences or those of an in-service educational therapist, speech pathologist, or other qualified restorative therapist.

10.03: Rate Provisions

(1) Rates. The rates of payment for Adult Day Health Services delivered by eligible providers approved by the Massachusetts Office of Medicaid shall be, for the period commencing May 1, 2005, and ending April 30, 2006, the lower of the established charge or the rates listed below:

(a) Per diem services furnished on a single date or consecutive dates;

Code	Rate	Description
S5102	$45.87	Basic Level of Care
S5102 + TG	$57.38	Complex Level of Care
S5102 + U1	$26.71	Health Promotion and Prevention Rate

(b) For the period commencing May 1, 2006, the rates for the same services in (a) shall be:

Code	Rate	Description
S5102	$46.89	Basic Level of Care
S5102 + TG	$58.66	Complex Level of Care
S5102 + U1	$27.32	Health Promotion and Prevention Rate

10.04: Reporting Requirements

(1) Required Reports. Upon the request of the Division of Health Care Finance and Policy, an eligible provider who has received payment during its previous fiscal year from a governmental unit for the provision of adult day health services shall forward to the Division the following information:

(a) An Adult Day Health Center cost report (supplied by the Division) showing expenses for its last fiscal year;

(b) Financial Statements certified by a certified public accountant. In the absence of certified statements, the center may submit uncertified financial statements or a Balance Sheet and Operating Statement prepared by the agency, and approved by the Division of Health Care Finance and Policy.
(c) Any other data, information or cost reporting the Division may request.
(d) Statistical data shall be designated by the Division, including but not limited to the total number of resident days.

(2) Compliance Time. Each eligible provider who receives a request for information or reports from the Division must comply within 90 days from the date of mailing of the request, unless otherwise specified by the Division.

(3) Additional Information. Each eligible provider shall also make available all records, books and reports relating to its operations, including such data and statistics as the Division may from time to time request.

(4) Extension and Alternative Cost Reporting Methods. Upon written request from a provider demonstrating that good cause exists, the Division may grant an extension of time for filing required reports or at its discretion may allow a provider to substitute other cost data than required in the adult day cost report.

(5) Penalty for Non-Compliance

(a) Failure by an eligible provider to submit accurate and timely information as required above, or to submit other acceptable data and statistics may result in a delay a reduction or the elimination of the rate to which such information is applied.
(b) Failure on the part of an eligible provider to submit accurate and timely information as required above, or to submit other acceptable information that may be requested may result in the removal from the list of eligible providers by the governmental purchasing agency until such information, data or statistics are filed.

10.05: Severability of Provisions of 114.3 CMR 10.00

The provisions of 114.3 CMR 10.00 are hereby declared to be severable and if any such provisions or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 10.00: M.G.L.c.118G